

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 042

1000

1287

-62-041694

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

NOV 19 1962

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. JosephLength of stay in lb  
7 yearsc. CITY  
OR TOWN St. JosephInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 2804 Jackson St.Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS 2804 Jackson St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Ada

Middle

F.

Last

Jones

4. DATE  
OF DEATH

Month

November

Day

14

Year

1962

## 5. SEX

Female

6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
March 8, 18679. AGE (last birthday)  
95IF UNDER 1 YEAR  
Months Days Hours Min.IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Housewife10b. KIND OF BUSINESS OR INDUSTRY  
Own home11. BIRTHPLACE (City and state or country)  
New Market, Missouri12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

George Stephen Gokeen

## 13b. MOTHER'S MAIDEN NAME

Margaret Wood

## 14. NAME OF HUSBAND OR WIFE

Henry R. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no/unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
none

## 17. INFORMANT

Mrs. G. C. Sutton 2804 Jackson St.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

3-4 hrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Advanced arteriosclerosis

Yes

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-14-62 to 11-14-62 and last saw her alive on 11-14-62  
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.E. Grimes M.D.

## 22b. ADDRESS

St Joseph Mo

## 22c. DATE SIGNED

11-15-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

Rem. &amp; Burial 11/16/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Martin Cemetery

## 23d. LOCATION (City, town, or county)

Platte County, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Clark Funeral Home St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

Nov. 15, 1962

## 26. REGISTRAR'S SIGNATURE

Mrs Clark Handell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

M.E. Grimes, M.D.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Alvin C. Bayan

Licensed Embalmer No. 4795

P. O. Address St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.